

Doug Burgum, Governor
Christopher Jones, Executive Director

**2019 – 2021 Child Care Development Fund (CCDF) North Dakota State Plan
Public Comments and Response**

The North Dakota Department of Human Services held an open meeting on August 30, 2018 to elicit public comments on the draft 2019 CCDF North Dakota State Plan. Written comments were accepted until August 10, 2018. Below please find the State's responses to the comments received.

VERBAL COMMENTS

Section 1

- Section 1.3.3. – Lead Agencies are required to make the submitted and final Plan, any Plan amendments, and any approved requests for temporary relief (i.e., waivers) publicly available on a website (98.14(d)). Please note that a Lead Agency must submit Plan amendments within 60 days of a substantial change in the Lead Agency's program. (Additional information may be found at <https://www.acf.hhs.gov/occ/resource/pi-2009-01>.)

From page 146 – Waiver info: Lead Agencies may apply for a temporary waiver for certain background check requirements if milestone prerequisites have been fully implemented. These waivers will be considered “transitional and legislative waivers” to provide transitional relief from conflicting or duplicative requirements preventing implementation, or an extended period of time in order for the state/territory legislature to enact legislation to implement the provisions (98.19(b)(1)) These waivers are limited to a one-year period and may be extended for at most one additional year from the date of initial approval.

Comment: Will the state apply for this background check waiver, and what exactly is that for?

Response: The waiver would allow the state to rectify conflicting or duplicative requirements that would prevent the immediate implementation of the requirement or to allow for the legislature to enact required legislation. The State will be seeking this waiver and the State Plan has been adjusted accordingly.

Section 1.3.3

- Describe any other strategies that the Lead Agency uses to make the CCDF Plan and Plan amendments available to the public (98.14(d)). Check all that apply and describe the strategies below, including any relevant website links as examples.

Comment: In which newspapers was the press release published?

Response: The Fargo Forum, The Jamestown Sun, Minot Daily News, Growing Futures website, NDCCPI website, Child Care Aware of ND Facebook, DHS Website.

Comment: Other than the newspaper publications and DHS website, what other ways were providers notified of the public hearing?

Response: The notice was published on the Child Care Aware of ND website and a notice sent from Child Care Aware of ND to their provider listserv.

Comment: Someone said they did not have a copy of the state plan and was unaware one was available. Where can a copy be obtained?

Response: The draft state plan is available online at www.nd.gov/dhs/info/pubs/childcarepub.html. A copy can be obtained by calling 701-328-2332, toll-free 800-755-2716, or ND Relay TTY 800-366-6888.

Comment: Suggestion was made that notices should be mailed to providers, and they should be given 45 days to review info and respond. Said the plan was buried in website and difficult to find.

Response: Federal program instructions for grants and plans are generally released 60 days prior to the submission due date. The Department will explore avenues to increase the time the public has to review the draft document.

Comment: Someone said they found out on FB thanks to a local association. Pointed out that in previous years there were no public comments. Said that was likely due to no one knowing about the public hearing. Someone commented that the public notice was barely out 20 days in advance. Hard for home providers to get off work since this was during the week. Rural areas pointed out that it was hard to make it to Bismarck on time. Should be held later than 6:00.

Response: These comments will be taken into consideration as the Department explores avenues to improve the accessibility and timeliness of release of the draft planning document. Suggestions received by those in attendance were:

- Mail
 - Social media
 - Local associations in the communities
 - NDCCPI is a big association that a lot of providers rely on for information
 - Send the info to licensing staff. They send emails to providers and can forward anything we send to the providers.

Section 2

Comment: Never received state plan via emails they received – who sent the plan via emails?

Response: It is the understanding of the State that Child Care Aware of ND Child Care Aware of ND to their provider listserv. The plan was available electronically at www.nd.gov/dhs/info/pubs/childcarepub.html.

Section 2.3.12

- Other. Identify and describe the components that are still pending per the instructions on CCDF Plan Response Options for Areas where Implementation is Still in Progress in the Introduction. The Lead

Agency is working to place all required elements onto a website (either the Lead Agency website or the Childcare Aware of North Dakota) website. This will be operational prior to October 1, 2018.

Comment: States that the required elements will be placed on the website prior to October 1st. Is that still on track?

Response: The State is working to place all required elements onto the Child Care Aware of ND website. At the time of this writing, the State is working with Child Care Aware to link to inspection reports and correction orders to the provider data entry. This will allow consumers to search for child care providers and see the required reports. This will be operational prior to October 1, 2018. Once the full childcare licensing data system is in place, this function will be migrated to the new system.

Section 3.2.6 (B)

- The Lead Agency trains child care providers on identifying homelessness and on immunization requirements. Families who are eligible for CCAP are informed of immunization requirements and how to access immunizations through the Application for Assistance Handbook.

Comment: Where is this training? Knows of a training that's available but where is it?

Response: Training can be obtained by contacting Child Care Aware of ND.

Section 3.2.2 (A)

- Identify how services are prioritized for children with special needs. Pay higher rates for access to higher quality care

Comment: People are paying for higher rates for access to care for special needs.

Response: The Lead Agency is in the process of implementing a new eligibility system for the Child Care Assistance Program. Once this new eligibility system is in place, CCAP will begin paying an additional 10% on top of the base payment rate to providers who care for children with special needs. The types of providers and children who would qualify for this additional percentage still needs to be defined.

Section 4

- School-age child (6 years), full-time licensed FCC home in the most populous geographic region. Rate \$1500.00 per week unit of time (e.g. daily, weekly, monthly)

Comment: \$1500 must be a typo

Response: Correct and changes to the document have been made.

Comment: 4.4.1 part F is incomplete

Response: Section completed.

Comment: 4.5.1 part D is incomplete

Response: Section completed.

Comment: Fargo: 4.6.3 is incomplete

Response: Section completed.

Section 4.2.4

- Age of child. Describe: Providers were asked to provide rates for the following age ranges: Infant (under 12 months) Toddler (12 months – 3) Preschool (3-6) School Age (6 – 12)

Comment: QIRS rating scale is voluntary. Shouldn't be able to pay more to providers on the scale than those who are not. Scale is not geared toward in home providers with varying age ranges. Would lead to deductions because they have things geared toward all their ages of children. Takes away parent's choice.

Response: The Lead Agency has not yet explored paying different rates based on QRIS, but it is an area of policy development that will be pursued in the future. The Lead Agency will work closely with Bright & Early North Dakota and other applicable partners to ensure that differential rates make sense based on the QRIS scale. On a national level, many states have implemented differential rates based on QRIS systems, which have proven to be successful. North Dakota will continue to seek out technical assistance from federal partners on this matter.

Comment: One commenter said that she runs a family in-home daycare in district 7 where she knows that many people are operating unlicensed. But those who are licensed are expected to jump through hoops for more funds through the child care assistance program. Parents say they can take their children to unlicensed providers for cheaper. It takes contractors to make in-home daycares meet requirements. They are required to jump through all the hoops for licensing but they might not even be able to fill their spots to make it worth it due to the unlicensed centers. Why aren't all required to be licensed? Too many rules and guidelines for parents to choose home daycares because of licensing requirements. Licensing requirements are slanted against providers.

Response: North Dakota Century Code Chapter 50-11.1 Early Childhood Services – established by the North Dakota Legislative Assembly – sets forth the requirements for licensing of early childhood services providers including penalties for non-compliance with the law. When the Department or its authorized agent becomes aware that an early childhood program is operating without a license, it will provide written notice to the operator that licensure is required. North Dakota Century Code (50-11.1-03.9) notes, "In addition to any criminal sanctions or other civil penalties that may be imposed pursuant to law, the operator of an early childhood program who, after being given written notice by the department or the department's authorized agent, continues to provide early childhood services without a license as required by this section is subject to a civil penalty of fifty dollars per day for each day of operation without the required license. The civil penalty may be imposed by the courts or by the department through an administrative hearing pursuant to chapter 28-32." Changes to current law would need to be made by the Legislative Assembly.

Section 4.4.1.A

- Describe how a choice of the full range of providers eligible to receive CCDF is made available; the extent to which eligible child care providers participate in the CCDF system; and any barriers to participation, including barriers related to payment rates and practices. There are many communities across the state that do not have access to high quality care due to child care deserts. However, the lead agency does not limit provider participation in the CCDF system based on quality rating; a provider must meet the minimum health and safety requirements to participate. Barriers to provider participation include increased workload due to the administrative requirements associated with serving CCAP children.

Comment: There are areas in the state with childcare deserts. If there are deserts how can providers be expected to go on a rating system when there are places where there are no licensed providers available. Every daycare provider should be licensed. Should be recourse through social services that they come in and observe the provider to see what they're doing with the children in terms of developing them.

Response: Child Care Aware of North Dakota is in the process of mapping child care deserts. Once completed, this information will prove to be very valuable in identifying specific areas of need. The Lead Agency hopes to make informed policy decisions based on this information once available. The Lead agency does not require that provider participate in QRIS in order to be licensed or to serve CCAP families.

- Describe how the Lead Agency took the cost of higher quality into account, including how payment rates for higher-quality care, as defined by the Lead Agency using a QRIS or other system of quality indicators, relate to the estimated cost of care at each level of quality. Note: For States without a QRIS, the States may use other quality indicators (e.g. provider status related to accreditation, pre-K standards, Head Start performance standards, or State defined quality measures). The Lead Agency takes the cost of higher quality into account by setting rates for center and family or group type providers at a higher rate than other types of providers.

Comment: Center and Group rates being set higher than other types of providers gives the advantage to Centers and Groups. They are no more qualified yet they receive more pay. In- home providers cannot charge as much as a center, because the parent would be responsible to pay the difference between what the state will pay and what the provider charges in addition to their copay. The parent will go where the money is, therefore in-home providers cannot charge the same rate as a C&G and still fill their spots. Payments should be the same across the board. In the past in-home providers were told that C&Gs had more overhead and that was the reason for the difference in pay, but that is no longer the case. One provider pointed out that she provides a higher quality of food for her families than a C or G would likely provide.

Response: Payments rates are set by CCAP from results of the Market Rate Survey. The results of this survey can be found at <http://www.nd.gov/dhs/info/pubs/childcarepub.html>.

Section 4.5.1.a

- Paying within no more than 21 calendar days of the receipt of a complete invoice for services. Describe the policy or procedure. In order to ensure payments are processed within 21 days, eligibility workers first need to register the date the completed and signed payment request was received in the county social service office. The Lead Agency will receive a weekly report that includes all cases which have a form received date, but have not had payment completed. A report will also be received containing payments that have met or exceed the 21 day processing timeframe. These reports will help the Lead Agency monitor counties to ensure payments are processed timely. Child Care Request for Payment 400-28-130-05.

Comment: Payments taking 21 days to process is too long. By the time that payment is received, the provider is already a month in arrears. If there is an amount over what the state paid, parents likely will not be able to pay the difference by that point. Time line needs to be shortened.

Response: Per federal regulation, the lead agency needs to ensure the timeliness of payments by either paying prospectively or paying for services within no more than 21 calendar days of the receipt of a complete invoice. The Lead Agency has implemented policy and procedures to help ensure that CCAP payments are processed with 21 days. With the implementation of a new eligibility system, providers will be able to submit billings online. This will help with a faster payment timeframes as counties will receive notification of the submitted billing within 24 hours.

Section 5.2.1a

- First Aid and CPR training must be completed prior to being licensed or employed. Recertification is required for licensing, but First Aid and CPR do not count toward your annual training hours. Child Care Aware® does not provide these trainings. Contact your local Social Services office for more information on finding First Aid and CPR training providers.

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised? ☒ Yes

Comment: Inconsistencies throughout the plan for the time frame in which CPR certification must be completed.

Response: Inconsistencies were corrected.

Section 5.2.5.10

- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs? ☒ Annually.

Comment: States that CPR must be completed annually. but certificates are good for 2 years

Response: This has been corrected to every 2 years.

Section 5.1.1

- Family child care. Describe and provide the citation: 75-03-08-10. Minimum qualifications of providers. A provider shall: 1. Be at least eighteen years of age; 2. Certify completion of a department-approved basic child care course within ninety days of licensure; 3. Certify completion of a minimum of nine hours of department-approved training related to child care every licensing year. The same training courses may be counted toward licensing annual requirements only if at least three years has passed since the last completion date of that training course, with the exception of sudden infant death prevention annual training; and 4. Certify annual completion of one hour of department-approved sudden infant death prevention training prior to provider having unsupervised access to infants. History: Effective January 1, 1999; amended effective January 1, 2011; April 1, 2016; April 1, 2018. General Authority: NDCC 50-

Comment: According to the chart under 5.2.1.1 with training hours 10 hours are required for a family license. The section above states 9 are required. Which is correct?

Response: North Dakota Century Code notes 9 hours. This was noted in the plan and the provider will be asked to revise the chart accordingly.

Comment: This section reflects a change in the preschool age range. Is that intentional or a typo?

Response: Section was changed to reflect the correct ages.

Section 5.2.3:

- Health and safety training for CCDF providers on required topics.

Comment: Nutrition, American Heart Assn – Min std for food nutrition just specifies USDA program but does not specify which USDA program. Proposing that they child and adult nutrition plan be used. Physical activity in plan is currently NA in the plan. AHA proposes 60 minutes of moderate activity. #4 is currently NA – TV viewing has been associated with poor function in child proposes addition of screen time stds, educational program for children.

Response: This comment will be considered during future policy discussions.

Section 5.2.1

- First Aid and CPR training must be completed prior to being licensed or employed. Recertification is required for licensing, but First Aid and CPR do not count toward your annual training hours. Child Care Aware® does not provide these trainings. Contact your local Social Services office for more information on finding First Aid and CPR training providers.

Comment: 1st aid and CPR do not count toward annual training hours, but since they are required they should count. Any required training should be counted toward annual training hours.

Response: This comment will be considered during future policy discussions.

Section 5.2.5

Comment: Trainings due annually 1,3,4,5,6,7,8,9,10,11 – was that a clerical error?

Response: Revisions were made to Other with the description: After the completion of Getting Started, child care providers can choose any Growing Futures approved training to satisfy licensing requirements. Child Care Aware of North Dakota offers additional Health, Safety and Nutrition training including Special Health Care Needs, Promoting Wellness: Activity and Movement, Promoting Wellness: Movement Activities, Promoting Wellness: Nutrition and Healthy Choices, Promoting Wellness: Nutrition Activities; Supervision, and Health and Safety Basics. Efforts will be ongoing as North Dakota plans to launch ChildCareAlive!: Shaping the First Five-Healthy Eating and Active Play statewide. This training includes 12 Nutrition and Active Play lessons that engage children and families with the ultimate purpose of promoting healthy weights for young children. Participants will learn best practices for teaching children about nutrition and leading them in structured physical activity and receive a copy of the ChildCareAlive! Curriculum.

Section 5.4.10

- The state/territory must conduct the background checks as quickly as possible and shall not exceed 45 days after the child care provider submitted the request. The state/territory shall provide the results of the background check in a statement that indicates whether the staff member is eligible or ineligible, without revealing specific disqualifying information. If the staff member is ineligible, the state/territory will provide information about each disqualifying crime to the staff member.

Comment: It is difficult to hire employees when you have to wait for background results due to the turnaround time. The 45 day time frame has taken up to 90 days to receive at times. Can the expected target date of when providers will receive results be shortened?

Response: The Criminal Background Check Unit within the Department of Human Services turnaround background results within 2 weeks. Delays occur when other entities such as out-of-state background check agencies do not respond timely with North Dakota's requests for information.

Comment: Grand Forks: Echoes concern. Section 8 references a waiver that can be used until systems are put into place for quicker turn around. Will this be considered?

Response: The Criminal Background Check Unit within the Department of Human Services turnaround background results within 2 weeks. Delays occur when other entities such as out-of-state background check agencies do not respond timely with North Dakota's requests for information. The waivers found in Section 8 allow the State additional time to meet federal requirements. They do not impact the timeframe for background checks. North Dakota is requesting waivers in Section 8.

Section 6.1.1

- First Aid and CPR training must be completed prior to being licensed or employed

Comment: Again, inconsistent time frames.

Response: Inconsistencies were corrected.

Comment: Grand Forks: Echoing concern from Fargo. CPR before employment rather than the 90 days – inconsistent.

Response: Inconsistencies were corrected.

Section: 6.2.7(A)

- Describe the strategies that the state/territory is developing and implementing for training and TA. Child Care Aware of North Dakota, through contract with the Lead Agency, has a myriad of training opportunities that will help providers strengthen their business practices and improve the overall quality of child care services.

Comment: Child care aware – in rural community, training is not available in their area. Must travel for training. There needs to be more convenient options.

Response: This comment will be considered as the Department and stakeholders work to improve the early childcare system.

Section 7

Comment: Jamestown will submit comments in writing.

Response: Thank you.

Section 8.1.4(A)& (B)

- Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, PARIS). Describe:

Comment: Incomplete, has no description

Response: Description added.

WRITTEN COMMENTS

Comment: I am writing to you in order to submit a comment on the 2018 childcare plan proposed by the DHS.

I live in Carrington which has a population of around 2100 people and is located about 2 hours away from Fargo, Bismarck, Grand Forks and Minot. It is a vibrant rural town with many job openings. However consistent access to quality childcare (or any childcare) is an ongoing problem.

We are fortunate enough to have a good daycare currently, but one of my 3 kids had been to 6 different daycares by the age of 3. 2 of those daycares closed because they found “better jobs”. One provider moved. We got kicked out of one because someone more connected needed the spots and we left the last one in favor of a smaller daycare which I thought would be better for the baby when the spots opened up. My eldest child has been to 7 daycares. The very first one lasting only two weeks because the lady there simply refused to change diapers. As I later found out she also smoked around the kids, but I had my child in there because I had no other choice at the time having just started a new job. This woman closed her daycare shortly thereafter because someone called social services on her. It wasn’t one of the parents from the daycare. I personally would not have dared to do such a thing with nowhere else to go and also for the fear of earning a bad reputation with other providers. It is worth noting that after this she got employment at one of the daycare centers for a while. Luckily she is not employed there anymore. Meanwhile fortunately after two weeks a spot opened up at a much better daycare. My oldest daughter was in there until she was almost 2 and a half and my 2nd child was only 4 months. Then that lady opened up a restaurant because her kids grew out of daycare and she was kind of burnt out from it. That’s when the saga of frequent daycare changes started that I have mentioned above. I didn’t get to be too picky at that point. Some were good, some not so good. I did turn down one spot where the lady didn’t quite look right. It later turned out she was a meth user. Also my husband had to stay home with the kids for 6 months at one point which was not his cup of tea but was necessary at the time.

The reason I mention all this is to illustrate the extent of the problem. Even though we are at a seemingly stable situation right now, based on my experiences that can easily change due even to illness or any other factor.

I skimmed through the 150 page document that is available for viewing online. Firstly I would like to show appreciation for the fact that the state has a childcare plan. My comments on it come from the point of view of a parent that has had her fair share of frustrations with access to daycare, rather than that of a childcare expert.

I think it is great that training and grants are made available to providers. However here is where I see some potential shortcoming based on my actual experiences.

1. Lack of consideration for rural areas

I notice there is not a lot of emphasis on rural access to childcare in the plan. This is also evidenced by the fact that all the IVN locations for the July 30. public meeting were in urban areas. Here there are only 2 daycare centers and the rest are in-home providers, the landscape of daycare is different from what you would find in the cities.

2. Rural providers need more support

Daycare providers earn janitors wages with no benefits. This limits the pool of people willing to work in this profession. The work they do is very important and takes a lot of patience and dedication. Yet the price of daycare can only be raised so high before it forces a parent out of work or out of town. For this reason any sort of financial support or support with lowering operating costs might help make running a daycare somewhat more lucrative. The plan mentions that this kind of support is available for licensed providers. Where I live, many of the providers do not get licensed, even ones that are very dedicated to the work that they do and have been doing it for many years. Why is it not worth the effort to get licensed for these providers? Perhaps more outreach is needed to these remote areas, or perhaps some of them feel that the benefits they would get are not really worth the hoops they need to jump through.

3. Providing free training will not enhance competitiveness or supply in our area
Page 135. Section 7.5.1 suggests using the “Bright and Early” program to improve the supply of daycare. From what I found on its website, the Bright and Early program offers training and name recognition. None of which are necessary here for a provider to fill up all her daycare spots within days. Perhaps these features of the program are more attractive in urban areas. The program also mentions the “Quality ratings award dollars” available for a job well done. How much extra income is that for a provider? If it is substantial enough to make this profession more attractive, maybe the information about how to get it should be made more accessible for rural providers. Currently the link that points to the details on how to earn those dollars does not work.

4. Please research how supply could be improved in rural areas.
It is possible that the funds are there and they are also available. Yet my experience is that turnover is high and access and sometimes quality is lacking. Why is that? How can things be improved? Please talk to the professionals in this area. By professionals I mean the daycare providers. If Carrington would have had the opportunity to participate in your public meeting, then perhaps the providers themselves could have weighed in on these issues. I can’t expect people to read a 150 page document though. I also am wary of doing my own research for fear of ruffling feathers by being too nosy. As a parent I want to stay in the good graces of providers.

Response: Thank you for your comments. They will be considered as the Department and stakeholders work to improve the early childcare system and to enhance stakeholder involvement in the planning process.

Comment: See Next Page



August 10, 2018

Message to ND Department of Human Services:

Thank you for the opportunity to provide written comment on the draft 2019-2021 Child Care Development Fund (CCDF) North Dakota State Plan.

Every child deserves a healthy start in life and child care providers are in a unique position to support a healthy environment for children to learn and grow. The American Heart Association encourages addition of standards for nutrition (food and beverages), physical activity (active play) and screen time in the CCDF North Dakota State Plan to provide a stronger start for North Dakota children.

Several studies report higher nutritional quality of foods and beverages served to children in child-care programs participating in CACFP. The CACFP is administered by the USDA and provides reimbursement for eligible meals and snacks served to qualifying children in participating child-care programs.

Nutrition is addressed in state plan 5.2.2 Healthy and safety standards for CCDF b) Optional Standards

1. Nutrition.

The AHA is proposing that the USDA Child and Adult Care Food Program (CACFP) be the USDA program standards which all providers use for nutrition.

2. Access to Physical activity.

Movement and active play in early childhood facilitate the motor, social and cognitive development needed for healthy growth and well-being essential for our kids to succeed in school and the future workforce. Evidence of quality includes the addition of physical activity standards consistent with the most recent version of the YMCA's Healthy Eating and Physical Activity (HEPA) standards for Early Childhood Programs of 60 minutes of moderate and vigorous physical activity for full day programs and 30 minutes for half day.

The AHA is proposing addition of a physical activity standard into the state plan 5.2.2 b) 2. Assess to physical activity to specify Physical activity standards consistent with the most recent version of the YMCA's Healthy Eating and Physical Activity (HEPA) standards for Early Childhood Programs

4. Any other areas determined necessary to promote child development or to protect children's health and safety.

Screen Time: Screen time potentially displaces other activities such as reading, physical activity and imaginative play, all of which are beneficial to children's growth and development.



The AHA is proposing addition of screen time standard into the state plan 5.2.2 b 4) to specify screen time standards consistent with the YMCA's HEPA standards for Early Childhood Programs of sixty minutes daily of educational programming for children over the age of 2 years old with zero time for those under two is beneficial to children's growth and development.

Healthy Beverage/Drink Standards: The AHA is proposing addition of Healthy Drink Standards standard into the state plan 5.2.2 b 4) to specify healthy drink standards consistent with the Healthy Eating Research March 2013 "Recommendations for Healthier Beverages" issue brief for ages 1-4. Servings of approved juices limited to more than once per day.

Alternate wording:

- Safe drinking water must be available to children at all times and must be offered at intervals that are responsive to the needs of individual children
- Fluid milk, 100% juice and/or water are the only beverages a program may provide to children in care. Juice limited to more than one serving per day. No juice for children under 1 year old.
- When milk is served as a beverage, low-fat or fat-free milk (1% fat or less) must be served to children two years of age or older.

Thank you for your consideration of the proposed state plan changes. The staff at the American Heart Association are available to assist with language for the state plan and/or sample language.

Today in North Dakota nearly 3 out of 4 children under the age of 6 have all available parents in the labor force. With today's children our future workforce of tomorrow, providing the solid building blocks makes sense and cents for North Dakota with addition/clarification of standards for nutrition, physical activity, screen time and healthy beverages.

Sincerely,

Joan Enderle, MBA, RD, LRD

Campaign Director, ND

American Heart Association

1005 12th Ave SE | Jamestown | ND | 58401

O 701.658.3046 M 701.320.5950

*"Building healthier lives,
free of cardiovascular
diseases and stroke."*

life is why™ es por la vida™ 全为生命™

Please remember the American Heart Association is your ally.



Response: Thank you for your comments. They will be considered as the Department and stakeholders work to improve the early childcare system.

Comment:

August 7, 2018

Samantha O'Brien
North Dakota Department of Human Services
Economic Assistance Division
600 E. Boulevard Ave., Dept. 325
Bismarck, ND 58505

Dear Ms. O'Brien,

Thank you for the opportunity to provide written comments on the Child Care Development Fund State Plan. YWCA Cass Clay (YWCA) is proud to offer childcare at two locations in Fargo, ND where our sites are collectively licensed to serve 156 children.

eliminating racism
empowering women
ywca

cass clay

**Administrative Offices
& A Child's World**

3100 12th Avenue North
Fargo, ND 58102

P 701.232.2547

F 701.232.2590

Emergency Shelter

3000 South University Drive
Fargo, ND 58103

P 701.232.3448

F 701.232.9408

ywcacassclay.org



A Child's World

As one of only nine NAEYC (National Association for the Education of Young Children) accredited centers in Fargo-Moorhead, A Child's World prepares children to make their mark on the world by providing care that will enrich their unique social, emotional, physical, and intellectual development. This approach includes a creative curriculum that supports the individual needs of each child by providing specialized activities dependent upon the unique interests of the child.

Shelter Children's Services

Shelter Children's Services (SCS) was created to care for children, support mothers, help school age homeless children perform as well as their peers, with the ultimate goal of ending the cycle of poverty. Located within the Shelter, SCS provides a safe and developmentally appropriate environment for children staying there. When children come to the Shelter they find themselves in unfamiliar surroundings and need a positive, consistent support system to help them through the transition. Many have been exposed to violence, addiction, and other unhealthy behaviors.

While in the care of the YWCA, children are provided opportunities to learn about themselves and the world around them; to live in a safe and encouraging environment; to lead by example and make healthy choices; to love and be loved; and to strengthen relationships with family and develop positive relationships with others. It is here they find a safe, developmentally appropriate environment in addition to supportive services. SCS offers licensed on-site child care, tutoring, transportation, school supplies, parent education, clothing, food, diapers and special activities. 655 children participated in Shelter Children's Services programming in 2017.

YWCA operates the largest emergency shelter serving women and children in our state which presents a unique experience in serving children facing homelessness. Please consider the following challenges facing children who are homeless when developing the state plan:

YWCA Cass Clay Comments
2019-2021 Child Care Development Fund State Plan
August 7, 2018

Adverse Childhood Experiences

Adverse childhood experiences (ACE) such as abuse, poverty, and trauma, can negatively affect adolescent growth – mentally, emotionally, and physically. Many children escaping violence and homelessness have had to endure multiple, and often concurrent ACE's throughout their youth. Students experiencing homelessness are four times more likely to show delayed development, and two times more likely to have learning disabilities, than children that are not homeless. Our caring SCS staff and volunteers are here to help combat these odds.

Health Risks for Homeless Children

All parents want to give their children the best possible start in life and for many in our community, providing for their families is a challenge. When living in homelessness, this challenge increases. According to the National Health Care for the Homeless Council, the specific health risks of homeless children are "infectious diseases, injury, lead, mental health and behavior problems, nutrition and growth, anemia, dental health, immunizations, asthma, vision and child abuse." The YWCA has a firsthand account of these health risks and continually works towards overcoming the barriers women face when trying to meet their children's basic needs.

According to the American Institutes for Research and the National Center on Family Homelessness, homeless children go hungry at twice the rate of non-homeless children. In addition, because homeless children eat whatever is available at the time regardless of nutritional value, homeless children have higher obesity rates than non-homeless children. With nutrition deficiency related health problems alone, homeless children are already far worse off than non-homeless children, but these deficiencies do not include other health problems. Homeless children become sick four times more often than non-homeless children, with four times as many respiratory problems, twice as many ear infections, five times as many gastrointestinal problems, and four times the likelihood of having asthma.

Homeless Students are Likely to be Academically Delayed

In addition to the increased health risks faced by homeless children as compared to non-homeless children, academic performance among homeless children is significantly delayed. According to the American Institutes for Research and The National Center on Family Homelessness, homeless students are four times more likely to show delayed development and two times more likely to have learning disabilities as non-homeless children. Nationally, thanks to the McKinney-Vento Homelessness Assistance Act, 85% of homeless children regularly attend school. However, 42% of homeless children are below the age of five, and they are still underrepresented in pre-school programs. Additionally, the proficiency of homeless students in math and reading is significantly below the national average of all students; with 11.4% of homeless high school students proficient in math and 14.6% proficient in reading, homeless students are far below the national average of 26% proficient in math and 38% proficient in reading, according to the National Assessment of Educational Progress.

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2019-2021 Child Care Development Fund State Plan
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- Misspellings and Typos: Throughout the document, there are numerous misspellings and typos, including the incorrect spelling of the lead agency director's name.
- Public Notice Process: Several statements in the document indicate the lead agency uploads information to the agency website as a response for a public notice. A more efficient process would be to communicate electronically to notify all licensed providers across the state of opportunities to provide feedback.
- Section 1.3.1.d) indicates the Lead Agency consulted with contracted agencies as well as the North Dakota Department of Public Instruction. We recommend meeting with and obtaining input directly from childcare providers.
- Section 3.1.2.b) indicates a change in policy as it relates to those engaged in education or training. We support this change and believe many families served will be better served because of the change.
- Section 3.1.7.a) regarding the request earning statements. This too appears to be a shift in approach on verification that we believe will better serve families.
- Section 3.2.1.a) regarding, "Children with special needs" this section outlines a 10% increase in payment to providers caring for children with special needs. What isn't clear in the language is if that references all children with special needs or only those who are age 13-19. YWCA encourages a 10% increase in payment to all children who meet the special needs definition, regardless of their age.
- Section 3.2.1.b) regarding, "Families with very low income" this section indicates only those receiving Temporary Assistance for Needy Families will have co-payments waived.
 - We strongly encourage broadening the definition of "Families with very low income" in our experience working with families in need, this definition is too confined.
 - We also strongly encourage waiving copayment for families facing homelessness under the U.S. Department of Housing and Urban (HUD) definition of homelessness.
- Section 3.2.6.a) regarding providing children experiencing homelessness a grace period to supply immunization records. We fully support this recommendation.
- Section 3.3.1. b) regarding, "temporary change" does this include leave for maternal health recovery? If not, we encourage it to include recovery from childbirth for 12 weeks.
- Section 3.3.2. a) i. regarding, activity search, we support this additional leeway for families.
- Section 3.4.4. regarding co-payment waivers,
 - We strongly encourage broadening the definition of "Families with very low income" being defined as those eligible for TANF, in our experience working with families in need, this definition is too confined.

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- We also strongly encourage waiving copayment for families facing homelessness under the U.S. Department of Housing and Urban (HUD) definition of homelessness.
- Section 4.1.1. regarding the description of the child care certificate, we recommend adding the county caseworker to where the certificate is issued.
- Section 4.2.5 a) b) and c) regarding the market rate survey, posting results to a website does not necessarily indicate it is widely available, providing notification to stakeholders when the information is available and providing a timeline for input would meet that definition in our judgement.
- Section 4.5.j) checkmark two, regarding registration fees, we support this.
- Section 5.1.1 checkmark regarding Center-based childcare, the reference to code is attached, but the box is not checked.
- Section 5.1.2. checkmark regarding Center-based childcare, the reference to code is attached, but the box is not checked.
- Section 5.2.1. a) bullet three regarding First Aid and CPR training must be completed prior to being licensed or employed. Previous versions of this plan indicated employees had three months to complete their certifications in Center-based care. We do not dispute the need for First Aid or CPR training. However, the current workforce shortage and demands in the Red River Valley Region are competitive, if workers are not able to start immediately, they move on and find other employment. For Center-based care, other staff members have the certification and can step in for emergent issues until the employee receives the necessary training.
- Section 5.2.5. regarding health and safety training. Previously the following were not annual requirements. Our concern is annual training requirements in the following categories will consume much of the annual training time required and not allow for training on other topics to take place.
 - 1, regarding training requirements, prevention and control of infectious diseases;
 - 4, prevention and response to emergencies due to food and allergic reactions;
 - 5, building and physical premises safety, including the identification of and protection from hazards, bodies of water and vehicular traffic,
 - 7, emergency preparedness response
 - 8, handling and storage of hazardous materials
 - 9, appropriate precautions in transporting children
 - 10, pediatric first aid and CPR certification, was every two years
 - 11, recognition and reporting of child abuse and neglect
 - The above-mentioned responses are included in the North Dakota Childcare Center Early Childhood Services Policy Book as part of the original 15-hour training requirements for employees. However, only sudden infant death syndrome is an annual requirement, other trainings are only repeatable every three years to obtain credit.

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- Section 5.4.1.a) i. regarding Criminal Background Checks, specifically the fingerprinting requirements. Previous versions of this plan indicated employees could work while supervised and accompanied by another employee who has completed the background check while the new employee's background check was being processed by the state. We do not dispute the need for criminal background checks. The turnaround time by the state to complete the checks has improved from several months to approximately one month, per our last six months of employee file review. The current workforce shortage and demands in the Red River Valley Region are competitive, if workers are not able to start immediately, they move on and find other employment. We believe our ability to staff rooms will not meet demand and as a result we would have to reduce the number of available childcare slots depending on workforce capabilities. This would negatively impact parents not having access to child care to go to their jobs, therefore creating more widespread workforce challenges. Expediting the background check process would be appreciated.
- 5.4.8.b.1. regarding waiver extensions for provisional hires, the state requires the provider to submit the background check requests before the staff person begins working. There are times in our experience with scheduling appointments for the finger prints to take place is often backlogged and we are unable to schedule appointments for two weeks.
- Section 5.4.10 regarding the processing of incoming ND Child Abuse/Neglect Index inquiries within two weeks, our challenge as a border community is often employees from Minnesota. We would appreciate anything the state of North Dakota could do to help expedite cross border background checks.
- 7.1.2. referencing the QRIS system and rewarding programs who continually focus on quality, not just start up programs. We appreciate the thought process of continual improvement.
- 7.9.1 the fourth yes question should be marked as the statement below regarding the operating of a pilot-test is taking place at child care centers, we know this because we were such a pilot site.

Thank you for the opportunity to provide feedback on such an important issue facing our state and country. Should you have any questions regarding the comments presented here, please feel free to contact me.

Sincerely,



Erin Prochnow
CEO

Response:

- Misspellings and Typos: These have been corrected.
- Public Notice Process: This comment will be considered as the Department and stakeholders work to improve the early childcare system and to enhance stakeholder involvement in the planning process.
- Section 1.3.1 (d): This comment will be considered as the Department and stakeholders work to improve the early childcare system and to enhance stakeholder involvement in the planning process.
- Section 3.1.2 (b): Thank you for your comment.
- Section 3.1.7 (a): Thank you for your comment.
- Section 3.2.1 (a) This comment will be considered as the Department and stakeholders work to improve the early childcare system. The Lead Agency in the process of implementing a new eligibility system for the Child Care Assistance Program. Once this new eligibility system is in place, CCAP will begin paying an additional 10% on top of the base payment rate to providers who care for children with special needs. The types of providers and children who would qualify for this additional percentage still needs to be defined.
- Section 3.2.1 (b): This comment will be considered as the Department and stakeholders work to improve the early childcare system.
- Section 3.2.6 (a): Thank you for your comment.
- Section 3.3.1 (b): The Lead Agency defines a temporary change as one that is time limited (i.e. one week, two months, etc). In situations of parental leave, as long as the parents or caretakers can verify that they anticipate returning to their employment, education or training activity, then CCAP eligibility will continue uninterrupted.
- Section 3.3.2 (a): Thank you for your comment.
- Section 3.4.4: This comment will be considered in future policy discussions.
- Section 4.1.1: With the implementation of a new eligibility system, the first name and the county address will be displayed on all notices that are generated from that county.
- Section 4.2.5 (a)(b)(c): Thank you for your comment. We will consider this when addressing how to enhance stakeholder involvement in the planning process.
- Section 4.5 (j): Thank you for your comment.
- Section 5.1.1: Correction has been made.
- Section 5.1.2: Correction has been made.
- Section 5.2.1 (a): Thank you for your comment. This will be considered in future policy discussions.
- 5.2.5: This has been corrected in the plan as it was checked in error.
- Section 5.4.1 (a): The Criminal Background Check Unit within the Department of Human Services can turnaround background results within 2 weeks. Delays occur when other entities such as out-of-state background check agencies do not respond timely with North Dakota's requests for information.
- Section 5.4.8 (b1): The State will check into this issue to eliminate any backlog that delays the process.
- Section 5.4.10: The Criminal Background Check Unit within the Department of Human Services can turnaround background results within 2 weeks. Delays occur when other entities such as out-of-state background check agencies do not respond timely with North Dakota's requests for information.
- Section 7.1.2: Thank you for your comment.

- Section 7.9.1: This has been corrected.

Comment: *Please Note: The Department received 9 copies of this same comment.* Thank you for the opportunity to provide written comment on the draft 2019-2021 Child Care Development Fund (CCDF) North Dakota State Plan.

Every child deserves a healthy start in life and child care providers are in a unique position to support a healthy environment for children to learn and grow. I encourage addition of standards for nutrition (food and beverages), physical activity (active play) and screen time in the CCDF North Dakota State Plan.

The first five years of a child's life are key.

That's when they're developing vital skills—from walking and talking to choosing healthy foods and understanding social interactions. A healthy childcare environment plays an important role in that development process.

Early care and education standards ensure our children have access to plenty of active play, limited screen time, and healthy snack and meal options. These healthy lifestyle choices are instrumental as children develop—physically and mentally—but they also reinforce healthy habits that will help prevent disease and obesity throughout their lifetime.

It's safe to say that healthy early childcare programs are the gifts that keep on giving. That is why I urge the North Dakota Department of Human Services to include the following standards in the 2019-2021 Child Care Development Fund (CCDF) North Dakota State Plan:

- Nutrition standards consistent with the meal patterns of the most recent version of the USDA Child and Adult Care Food Program (CACFP) standards.
- Healthy drink standards consistent with the Healthy Eating Research March 2013 "Recommendations for Healthier Beverages" issue brief for ages 1-4. Servings of approved juices limited to more than once per day.
- Physical activity standards consistent with the most recent version of the YMCA's Healthy Eating and Physical Activity (HEPA) standards for Early Childhood Programs. Currently 60 minutes of moderate and vigorous physical activity for full day programs and 30 minutes for half day,
- Screen time standards consistent with the YMCA's Healthy Eating and Physical Activity (HEPA) standards for Early Childhood Programs. Currently sixty minutes daily of educational programming for children over the age of 2 years old in full day programs with zero time for those under two is beneficial to children's growth and development.

Providing the solid building blocks for all children in child care in North Dakota with nutrition, healthy beverages, physical activity, and screen time standards makes sense and cents for North Dakota. Thank you for your consideration.

Response: This comment will be considered in future policy discussions.